

# THE HOMŒOPATHIC TIMES.

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

Vol. V.

NEW YORK, OCTOBER, 1877.

No. 7.

## Original Articles.

### THE ALKALOID, HYOSCYAMINE, IN MANIA.

BY HENRY R. STILES, A.M., M.D., DUNDEE, SCOTLAND.

Late Medical Superintendent N.Y. State Homœopathic  
Asylum for the Insane.

FOR some three years past Drs. Lawson and Lewis, attached to the West Riding Lunatic Asylum, Wakefield, England, have been experimenting upon the properties and *therapeutic* action of several of the new and potent alkaloids, such as *atropine*, *ergotine*, *solanine*, *hyoscyamine*, etc. The experiments of these eminent observers, conducted on the most rigorous basis of exact scientific enquiry, and aided by the vast clinical advantages presented by the institution with which they are connected, have already developed much of interest and value to the profession. In this paper we propose to briefly summarize the results, thus far obtained, in relation to the alkaloid representative of *hyoscyamus*, that drug known—and valued of all schools—since the time of Hippocrates.

*Hyoscyamine*, which is an amorphous alkaloid, is the active principle of *hyoscyamus*, (well known as belonging to a small but active group of medicines, such as *bell.*, *stramon.*, *dulc.*, etc.), which is more decidedly and directly hypnotic, more powerfully and persistently diuretic, more prompt in the reduction of bodily temperature, and also, probably in the dilatation of the pupils, than even *belladonna*. The West Riding experiments included observations as to the action of *hyoscyamine* upon animals, in small, large and lethal doses; its prolonged administration; the analysis of its physiological action; its effects upon special tissues and systems, and temperature; its physiological action upon, and its

therapeutic relation to man, especially in certain forms of insanity. With the experiments on animals, interesting and indirectly valuable as they are, we have nothing at present to do, we turn with more curiosity to that which, as homœopaths, interests us directly, *i. e.*, the so-called "observations on the physiological action of the drug" on *man*. These were, in fact, "*proving*," somewhat after the manner of our school, and carefully noted, as far as they went—though we might object that the notation was, perhaps, not continued for a sufficient time after the subsidence of the active symptoms.

In the first "*proving*," two grains of the solution of the *amorphous* extract was given to an adult, (three hours after a meal), whose pulse at the time was 104; temperature in axilla, 98.6°, and mouth, 98.9°; respiration, 20; pupils,  $\frac{1}{4}$  inch diameter. Observations were noted every ten minutes, for two hours and twenty minutes after on the pulse, respiration and temperature, etc. The first symptom, twenty minutes after dose, was *dryness of mouth* and *giddiness*; ten minutes later, *motion impeded*; ten minutes later, *drowsiness* increasing; twenty minutes later, *slow arterial action*; ten minutes later, *mouth and nose very dry*; ten minutes later, *intense sleepiness*; ten minutes later, *illusions* and *paralysis of ocular accommodation*, (temperature here was its lowest); twenty minutes later, *active and involuntary exclamations*. Movement continued still impaired until two hours after dose, the appearance of incoherence and aphasia rendered it impossible to continue the minute observations, after which point the mental state was "noticeably characterized by heaviness, incoherence, and a certain amount of ataxic aphasia, as shown by a tendency to slur over words and syllables." No diuretic action observable. During the night which succeeded,

sleep was disturbed by dreams, and the patient dreamily uttered "short, but audible remarks, evidently in answer to subjective questionings."

*Second proving.* After an interval of several days, the same person received a dose of three grains, at 3.50 P. M. At 4 P. M. the lips were dry, giddiness; 4.15 great loss of motor power; 4.30, marked drowsiness; 4.40, voice husky, intense desire to sleep; 5.10, could not walk alone; 5.23, intense desire to sleep; 5.35, restless and incoherent. For seven hours succeeding this point,

"It was possible to take only occasional and irregular observations. During a long continued display of delirious excitement the pulse fluctuated irregularly between 104 and 120, the respirations fell to 14, and the temperature reached a minimum of 98.4°, and a maximum of 99.2° in the axilla. During this stage of the action of the medicine, the patient manifested all the symptoms of simple mania. He mistook identities, spoke incoherently, acted irrationally, and was frequently under the influence of delusions and hallucinations. Early in this period there was marked paralysis of ocular accommodation. Chairs, which were five or six feet distant, were grasped at as if within reach, and repeated efforts were made to rectify the mistakes originating in this aberration of vision. The full cerebral effect of the drug was manifested two hours after administration. The first symptom was the inability to fix the attention on any given subject. The patient, though rising from his seat for a definite purpose, immediately forgot what his own intentions were. He talked in incoherent snatches, and after commencing to express an idea passed suddenly on to the statement of another and apparently unconnected one, which also he left obscure and unexplained. While under the combined influence of delusions, hallucinations of sight, and paralysis of accommodation, he attempted to step from a window about thirty feet from the ground, stating that he was going out upon the lawn, which he was convinced was on a level with the window. He had numerous hallucinations of sight. A picture, which, under the influence of a delusion, he had taken from the wall and placed on the sofa, he immediately afterwards sat upon in the belief that it was an embroidered cushion. He pointed to cats, which, he said, were standing on their hind legs, and making fantastic movements, when no such animals were visible to others. Friends at a distance were spoken to as if sitting in parts of the room which were quite unoccupied. Female heads and faces were pointed out in the air as examples of perfect grace and beauty. The mistakes in identity were so complete that interrupted conversation was carried on with persons who had temporarily assumed the identities ascribed to them by the patient. During the persistence of these personal delusions, statements, which were either unguardedly sincere or ludicrously inappropriate, were freely elicited by suggestion. The patient several times partially

changed his clothes with the intention of going out for a special purpose—to walk—to work—or to drive, but every new suggestion led to a modification of dress, till actuated in a totally different manner, he left his toilet incomplete and directed his attention to new and equally absurd pursuits. Latterly the motor impairment became less marked, but the cerebral condition was characterized by greater incoherence in speech and extravagance in action. The patient tried repeatedly to wind up a gold watch with a corkscrew. Ideas were imperfectly expressed, which at best had neither sequence or relative connection. The patient walked in an aimless manner from room to room, but, to a great extent, avoided obstacles in his way. The essential condition was one of great satisfaction and comparative good humor. When the influence of delusion required the use of personal restraint, the patient met it more by illogical argument and expostulation than by force. The cerebral condition during the time following upon the short period of drowsiness was characterized by wakeful restlessness, till nine hours after the administration of the medicine; the patient, in a comparatively lucid interval, undressed and went to bed. Throughout the night he experienced numerous hallucinations of sight. Lizards and other animals crawled on the bedclothes. A face, always the same, formed itself by the hollows and elevations of the cornices, but this delusion could be dispelled by mental analysis. Two sides of the room appeared to form the two pages of a book, separated by the intervening angle, and by the influence of hypermetropia, seemed to rest upon the bed, and be open before the patient; but, after fixed attention, the vision appeared to recede, till the elements of the delusion were fully determined by their relation to surrounding objects. After a short period of interrupted sleep, no traces of the operation of the drug remained, except wide dilatation of the pupils, some dryness of the throat and slight lassitude. During the action of the drug there was no reddening of the skin, or other appearance of eruption. Though during the greater part of the time consciousness was not affected, scarcely a single incident anterior to the time of going to bed was remembered by the patient, neither could the events recorded be recalled to his memory by any attempt to associate the vagaries which he had forgotten with those of which he had a clear recollection. While the physiological action of the drug lasted there was free diuresis, but no vomiting or nausea."

In the course of these experiments it was found that, in man the cerebral symptoms were more marked than in the lower animals, and the motor, cardiac, respiratory and thermal less so; that by *small doses* the pulse was at first slightly reduced; and, at the commencement of cerebral and motor excitement, was elevated to about 20 beats above the initial index, while the pupils dilated and vision became imperfect. During

\* West Riding Asylum Report, Vol. v., 1875.

the hyperæmic stage; the pulse falls towards its starting point. During the whole period of the drug's action the temperature falls  $0.7^{\circ}$ , and after the cessation of interrupted sleep, some cerebral confusion remains, manifested by occasional incoherence and liability to trifling delusions. From larger doses came a direct elevation of the pulse and a slight reduction of the oval temperature; dilatation of the pupils followed by paralysis of ocular accommodation; motor power impaired, and interrupted sleep alternated with, and followed by delusions, illusions and hallucinations, associated with rapid and imperfect ideation, are succeeded in six or seven hours by renewed tendency to sleep, which is disturbed by dreams, and intervals of wakefulness, with hallucinations.

In the *Practitioner*, of July, 1876, Dr. Lawson called the attention of the profession to the use of *hyoscyamine* as a *lethæal*, as being "unequalled by any other in the potency and permanency of the action" of the individual dose. He says, "in about fifteen minutes the most violent and excited patient can be thrown into a comparatively deep sleep by about one grain of the *amorphous alkaloid*, and on awaking from his slumbers almost invariably frees himself also from the delusions and hallucinations which have bewildered him, and I can adduce numerous instances in which this recovery, rapid as it has been in its accession, has also been thorough and enduring."

In a second paper, in the *West Riding Reports* for 1876, Dr. Lawson reviewing his previous published statements, says, "with regard to the physiological actions of the *alkaloid*," it is determined that the effect on man, of a moderate dose, "is the production of a mental condition which partakes of all the leading symptoms of *simple mania*, but which, in addition, is characterized by extreme physical helplessness, intermittent drowsiness, hypermetropia and dryness of the mouth, lips and throat."

It presents, indeed, a very pretty picture of "simple mania," and homœopaths, therefore, will not be surprised to hear the doctor say, from his subsequent use of it, that it appears "to possess great value" in the treatment of cases of "simple mania, characterized from the first more by agitation than excitement, and due to the existence of obscure delusions and hallucinations."

In subacute mania, i. e., such cases "as have not run a short, definite, acute course, and still are too recent to be considered as chronic,"—(a condition frequently found to have been reached before the patient has been brought to the asylum);—and in cases of "recurrent mania," in which "during longer or shorter intervals the patients are composed, rational and industrious, but suddenly break out into a form of excitement characterized by great bodily restlessness, a tendency to incessant rapid movement, and an amiable, but troublesome officiousness"—the Wakefield asylum medical officers have found that the single large dose cuts short the accessions of excitement "in a night," while repeated small doses exercise but little influence on them.\*

The single large dose has also, in their hands, produced marked relief in cases of "*chronic mania, with delusions of suspicion*"—affording a long exemption from the torture of the delusive ideas under which they have suffered.†

In those cases of aggressive and destructive excitement, so common in the refractory wards of an asylum, and of which some cases present more of the features of a voluntary abandonment of self to angry passions, than pure insanity—and in which the patient is very ugly, loud and mischievous in demeanor, and very destructive of clothing and furniture, the administration of a three-quarters of a grain dose speedily "reduces the man to reason, and puts a stop," for a considerable period, if not finally, to his expensive habits.‡ In cases where the tearing is carried on as a result of excitement occurring in the course of *dementia*, a quarter or an eighth of a grain every three hours (sometimes night and day), soon stops the destructiveness and subdues the excitement without inducing bad effects on the general nutrition."

\* "Instances constantly occur in which the administration of one dose ( $\frac{1}{4}$  grain) constitutes a turning-point towards sanity."—*Lawson*.

† "When delusions have returned, patients have sometimes expressed their conviction of their illusory nature, and asked for the medicine that removed them."—*Lawson*.

‡ A remarkable feature in the action of *hyoscyamine* in these cases, is "that the physical powerlessness produced by it has a moral influence in leading such patients to control the voluntary part of their excitement, while the sedative action of the drug allays, for a time at least, the outbreaks of functional or organic irregularities." This effect of absolute conscious impotence is appreciated by the patients, some of whom call it "the silly medicine," and exert much self-control to avoid the necessity of taking it again.



By large doses, also, given on two or three successive or alternate nights, the excitement of *general paralysis* is subdued;\* and in the *epileptic status* it acts admirably, if—as rarely happens—*chloral* has failed to arrest. In *logorrhea*, or the incessant incoherent talking characteristic of some forms of mania, it is equally efficacious.

Small doses ( $\frac{1}{4}$  to  $\frac{1}{8}$  grain) have produced the best effects in “ataxic muscular conditions and chorea, usually associated with sclerosis.”

“There are two forms of mental disease in which *hyoscyamine* seems to be unavailing,” viz.: *acute melancholia*, and “mania, with delusions of suspicion in the early, or what might be called the *acute form*.”†

With regard to the *therapeutic* action of the drug, in maniacal conditions, Dr. Lawson propounds the theory “that the *succussion* produced in the mind already muddled with delusions and hallucinations by the antagonism of new forms of mental aberration, together with the subsequent deep and prolonged sleep produced by *hyoscyamine*, might tend to leave the mental state more composed after the artificially produced delusions and hallucinations had passed away.” To one who understands the operation of the Hahnemannian law of “*similia similibus curantur*,” there seems to be no necessity of, or common sense in, this lugging in of “*succussion*” and “*antagonism*” to account for the curative action of *hyoscyamine* in these cases of mental aberrations; and if he could also accept—as homœopaths cannot but do,—the fact that *diseased* as well as physical states are amenable to the same law of cure,‡ he would find at once a harmonious and rational solution of the whole matter—especially since he insists that “whether that principle (the *succussion* theory) is right or wrong, the drug does possess properties which render it potent in the removal of insane conditions over which drugs more exclusively narcotic

have little or no influence.” It does seem difficult for our allopathic friends to rid themselves of the “narcotic” or “hypnotic” idea, in the treatment of insanity. Every new remedy which it is thought possibly may be of use in that field of treatment, is first weighed on that balance, and valued accordingly.

He observes, also, that “under varying conditions” the drug acts with different degrees of rapidity and potency.” In his observation and that of others, “when small quantities are administered, at short intervals, in cases of subdued excitement, the good effects of the drug are not manifested while it is being used; but on the other hand, the excitement superadded by the medicine seems, if anything, to increase the agitation of the patient.”

Again, “when in the administration of repeated small doses, the full physiological action is induced, it generally comes on somewhat suddenly. The patient may continue for weeks showing no symptoms except comparative calm, and no sign beyond dilatation of the pupils; when after the administration of the final dose, he becomes weak in the limbs, talks incoherently in a husky voice, and becomes the victim of hallucinations of sight. Sometimes he is unexpectedly found on his hands and knees, making sudden and ineffectual darts at specks on the carpet, to which he ascribes some illusory importance, and which he cannot reach without repeated efforts on account of his defect of vision.”

Among other observations made on the action of this drug, are the following:

1st. That it rarely causes a decided exanthematous eruption.\*

2d. That very rarely (in only two out of many hundreds of administrations), it causes hæmatemesis.

3d. That in small, continuous doses, it does not (in suitable cases), produce dryness of the throat or tongue,† and does not interfere with appetite,

\* *Hyoscyamine* in one  $\frac{1}{4}$  grain doses, followed by repeated  $\frac{1}{4}$  or  $\frac{1}{8}$  grain doses every three hours, (night and day, if possible), soon produces marked benefit in a urinary difficulty somewhat common among general paretics, i. e., a sudden stoppage of urine, due to spasmodic affection of the sphincter vesicæ.

† Dr. Lawson makes this statement with the reservation, that in these cases where *hyoscyamine* has failed, “other means have failed also.”

‡ A matter which is not admitted by the alienists of the old school.

\* In many cases there is visible a pinkish, erythematous blush, which sometimes, especially about the face, arranges itself in patches somewhat in keeping with nervous distribution. — Lawson.

† “One thing is particularly noticeable in the prolonged use of *hyoscyamine*,” (i. e., repeated small doses, as contrasted with the large dose, in which there is dryness, etc.) is “the tongue, mouth, lips and throat do not become dry, the appetite instead of becoming impaired improves wonderfully,” etc.



or induce nocturnal restlessness.\*

4th. That a certain tolerance of the drug is established in man, by frequent administration.

5th. That in the aged (in whom degeneration of the vessels is apt to exist), or in patients showing any marked sign of arterial disease, it should be given with caution.

6th. That it should be freely diluted.

7th. That it should not be given in cases of furious mania, with great excitement, *where artificial feeding is likely to be required for some time*, on account of the obstacle offered to such artificial feeding by the dryness of the throat, produced by the large dose of the drug required in such cases.

8th. That the extractive *hyoscyamine* should be prepared in small quantities, and kept in a small stoppered bottle to lessen the danger of change from oxidation and other influences, by which its strength is readily injured. Such amount should be dissolved only as is sufficient for a month's use. The *sulphate of hyos.* keeps better, but is very expensive. Dr. Lawson's formula for its use is

*R. Hyoscyamine, gr. ʒ.*

*Sp. Etheris, min. vi.*

*Alcoholis, min. xviii.*

*M. ut fiat haustus Aq. font ad. ʒii.*

Among the results of actual experience with this drug in asylum practice, Dr. Lawson says, "It has been gratifying to find that in cases where *hyoscyamine* has been beneficial in subduing mental excitement, it has not had any tendency such as might have been anticipated, to induce such physical deterioration as takes place when the drug is continuously administered to the lower animals." And, another thing is very striking, "namely, the perfect calm which follows upon its operation—a state of quiescence which cannot be induced by a single dose of any other medicine in ordinary use." And "when this tranquility is associated with the reappearance of all the normal social propensities, and with a desire to resume the exercise of a useful activity, and when, above all, no

return of insanity occurs after the direct physiological effects of a single dose have passed off, the value of the drug is placed completely beyond dispute, especially when, as happened in several of the instances adduced, excitement in its various forms had been existent for a considerable time before the use of the remedy."

In conclusion we may add that it is not improbable, from some recent clinical experiments by Dr. Sidney Ringer, and Dr. J. S. Bury, at the University College Hospital,\* in London, that some of the other alkaloids may be found to act about as well as *hyoscyamine*—as *hypnotics*; but, as Dr. Lawson has remarked, that drug seems to possess certain peculiar properties, aside from its hypnotic character, which are "more potent for the removal of insane conditions." Certainly, as the Doctor says, we have thus far "no medicine capable of producing narcotism, and so quickly and with so much certainty, and none has such a decided capacity of leading the mind from absorption in delusion and hallucinations, through a milder physiological form of mania, to a state of complete and, under favorable circumstances, permanent quiescence."

Referring to these cases of Dr. Lawson, Dr. Jno. W. Hayward, a well known English homœopathic practitioner, remarks (*Brit. Jour. Hom.*, April, 1877,) that they "illustrate rudely the operation of the homœopathic law, just as do the cures of syphilis by large doses of *mercury*. But, as it is not necessary to salivate in order to cure syphilis in cases where *mercury* is the appropriate remedy, so it is not necessary to produce the poisoning effects of *hyoscyamus* for the cure of cases for which *hyoscyamus* is the appropriate remedy. *Hyoscyamus* will cure its own proper cases of insanity without the production of any of its physiological symptoms. Of the truth of this there are many illustrations to be found in homœopathic

\* And "it is observed that after a single large dose, though the patient may refuse his food during the active operation of the drug, and though the fauces remain dry for about 24 hours, it is very rare to see more than one meal rejected; and when the drug is given in suitable cases in continuous small doses, the tongue remains moist to the very last, and the appetite improves *pari passu* with the subsidence of excitement and the addition to regular sleep."

\* *Practitioner*, March, 1877. A careful comparison instituted by these gentlemen, in a case of decided mania, between the actions of *hyoscyamine* (crystallized); *atropia* (sulphate); *daturine* and *ethyl-atropia*—elicited the following results: *Hyos.* produced an average of 9½ hours sleep; *sulph. atropia*, an average of 7½ hours; and *daturine*, of 7½ hours—very heavy sleep from which the patient was easily awakened and promptly relapsed; mouth open, breathing sometimes a little stertorous—from which they infer that these remedies may prove nearly as valuable in mania as *hyoscyamine*.

literature." He then proceeds to state the details of a case in his own practice, that of a chronic monomania; and following this is an account of the most successful use of the alkaloid *hyoscyamine* in a case of acute mania supervening upon scarlatina. This, though too long to transfer to these pages, is an exceedingly well-told and interesting experience, worthy of careful study, and full of suggestions.

### THE TREATMENT OF DIPHTHERIA.

BY WM. A. ALLEN, M.D.

THIS is a subject in which I am much interested. Many remedies have been suggested as applicable, but as a rule, it has been with much vagueness and want of exactitude, and the drug provings at our command do not seem to be of sufficient extent to always be of the degree of service which might be desired. Local applications, almost without limit as to number and character, have been used. My own experiences lead me to make the following observations on this topic.

If a man says that he has never lost a case of diphtheria, one of several opinions is to be formed—that his practice has never been of much extent, that he has not attended true or malignant cases, or that he has been singularly and peculiarly fortunate.

It is quite advantageous that severe cases should be seen during the first forty-eight hours of their existence.

Of the most valuable remedies are *ars.*, *bap.*, *bell.*, *kali-perman.*, *kali-bichrom.*, *lac caninum*, *lycop.*, *lach.*, *merc. cyan.*, *merc. bin-iod.*

It must be remembered that during the first day or two, many times no difficulty in swallowing or pain about the throat is complained of, and that an error may easily be made in diagnosis. *Bell.*, or *merc. bin-iod.*, are perhaps more often indicated than other remedies, especially if the fever is of a high grade and the tonsils are swollen and painful. Should there be a slight exudation upon the tonsils with but little swelling, *merc. cyan.* is preferable to the *bin-iod.*, especially if it looks like a thin layer of moistened flour spread out on the surface. A partial proving of the *cyanuret* gave great prostration and weakness, a low febrile condition, a whitish gray deposit upon the tonsils and uvula, extending along the right side of the

tongue, with slightly swollen tonsils and difficult deglutition. I am well aware that these symptoms are not stated with as much exactness as may be attainable, but they are given as communicated to me by the prover. The prostration and other symptoms were so severe that he ceased taking the drug—the second potency had been used—and rapidly recovered, by the use of *baptisia*. I have noticed that in addition to the above symptoms it is indicated when the throat has a scarlet, velvety appearance, but the membrane is thin and semi-transparent. Should the disease progress, if the left tonsil be most involved, or should the membrane have first shown itself on that side, *lachesis* is almost always the remedy, especially if there is a shooting pain upward toward the ear, and other *lachesis* indications. Two years ago I had diphtheria from exposure to some bad cases, and for a year afterward, when driving upon a breezy day, I often experienced a return of this sharp pain in the left tonsil, and *lach.* 1000th, always gave relief. Two months since, having been over diphtheritic patients, it returned, and the same remedy was of benefit. *Lycopodium* is the remedy for the right side, other indications being compatible; *arsenicum*, if there is great restlessness and thirst, with the deposit existing through the nasal cavities, acrid and excoriating in character, with prostration of the system; *baptisia* in the low form of fever, with the putridity which is so frequently prevalent. I have often alternated it with *arsenicum*, with much success. *Kali-bichrom.* is of value if the membrane extends to the trachea, and we have what might be called a diphtheritic croup; if there is a stringy appearance about the discharges, or if upon the membrane being thrown off, there is a velvety surface. *Lac caninum* has been administered with benefit in cases where the deposit began on the left and extended to the right side of the throat, after other remedies had been unsuccessfully tried; in others, where it first formed on the right side, not very thick nor with much inflammation, the deposit seeming to lie on the surface, with offensive breath, some pain in the right side of the neck, and much prostration and lethargy. Dr. Samuel Swan, of New York, and Dr. Bayliss, of Astoria, are deserving of much praise for the careful manner in which they have studied this remedy, and could doubtless give a much better history of it than I. *Kali permanganat*,

is of value when the tonsils are swollen, with pain extending up into the ear, and the usual diphtheritic membrane exists. *Phytolacca dec.* is also a good remedy.

I have given these ideas, well aware that they are not very complete, but hoping that they may serve as a basis for future development.

A very common fault, especially in county and state organizations, and indeed I believe one of the reasons why our professional literature is not more extensive and complete, is that physicians, actuated by personal jealousies and competition, fail to give an account of the results of their investigations or the true secrets of their successes. Has not this something to do with our knowledge, or rather want of it, upon the treatment of diphtheria? If every man would contribute a history of these partial or complete experiences, not allowing his great desire for silence, in view of professional jealousy and enmity, to out-balance his sense of what is due to the cause of humanity and the right, how much better should we all be educated and qualified, and to what an extent would mankind be benefited. Now as to diet, I give the patients strong beef tea, milk and milk punch, from the time of the first visit, whether they desire it or not. The strength must be sustained and the effects of the septic poisoning counteracted.

In the matter of local applications, in severe cases I am in favor of them. The vapor of lime is always of value, and gives relief in difficult breathing; *tannic acid* certainly prevents the extension of the membrane. Perhaps the best however is the *bromo-chloralum*, as it gives cleanliness, and is as well, an astringent. It should be prepared in the proportion of one part to fifteen of water, and introduced into the nose and throat frequently and thoroughly. About the room and clothing it is much better than *carbolic acid*, at least in private practice. This with LABBARAQUES solution of *chlorinated soda*—one part to five of water—will be called for in almost every case of importance. While I believe that the right way of treating the disease is almost solely by the administration of medicine, these topical applications must be used as adjuvants and as helps to cleanliness. Should the membrane be so extensive as to threaten to kill the patient by strangulation, some method must be resorted to with a view of removing it. Various agents have been suggested as solvents.

The following extracts are from my case book. A—B— died at Flushing, Dec. 15th, of diphtheria. But a few hours before death the violent coughing and efforts to obtain air, caused a piece of membrane to be thrown off from the palate, which was an eighth of an inch in thickness, pearly gray in color, and which weighed perhaps twelve grains. It having been frequently suggested that *salicylic acid* was a valuable application in diphtheria, I was determined to see what effect it would have on the membrane. At 5.55 in the afternoon of Dec. 16th, ten grains of *salicylic acid* were put in a test tube containing a drachm of boiling water and about three grains of the membrane immersed in the solution. Upon the cooling of the water, the acid was precipitated. The membrane was allowed to remain in the acid for a month, and no perceptible change was observed. At 6.15 a three-grain piece was placed in twenty-five per cent. sulphuric acid. At 6.30, no change had apparently taken place, and the strength was increased to one of fifty per cent. Upon looking through the tube toward the light small flakes were seen, and the membrane seemed to be coarse in texture, but the acid did not destroy it for several days. At 6.45 in the evening, a three-grain piece was put into sixty drops of liquid pepsin, but was not altered in character or appearance by it. At 7 o'clock three grains were put in thirty drops of a solution of chlorinated soda. Disintegration commenced at once, the solution became brownish in color, and small bubbles were given off. At 7.05, the membrane looked like a porous sponge, and rose to the surface. At 7.10, upon slightly shaking, the continuity was destroyed, and soon all traces of the membrane vanished, a brownish fluid being left in the test tube. The membrane then was dissolved by chlor. soda sol. in ten minutes, actual count. Oertel, in his article on diphtheria, in volume I, *Cyclopædia of Practical Medicine*, Dr. H. Von Ziemasson, pub., Wm. Wood, N. Y., 1874, says that a five per cent. solution of lactic acid will change the membrane in fifteen or twenty minutes to a loose, flaky mass; and that the same results will be produced by lime water in thirty or forty minutes.

In diphtheritic croup could not a spray of the sol. chlor. soda be introduced by means of cricothyroid puncture? A few words as to potencies. The *merc. bin-iod.* and the *merc. cyan.* I have



already given low, from the second to the sixth; the other remedies have been higher, from the 200th to the 10<sup>m</sup>. I think that the latter act more promptly, and bring about better results than those of a lower standard. Two things are to be remembered: let all the symptoms be considered in the selection of the remedy. Secondly, it is the drug which cures, and not the local treatment; that, only astringing the mucous membrane, ensuring cleanliness, or it may be destroying the deposit.

### VETERINARY HOMŒOPATHY.

#### FARCY.

BY D. ALBERT HILLER.

On the 26th of June, Mr. F., of Gold Hill, called me to see his horse, a fine bay, valued at \$4,000, which he said he did not like to lose, but had been told by several experts that it could not be saved.

I found the horse had been sick for over a week, and had been attended by an allopathic veterinary for "Water Farcy," as he called it.

The horse had high fever, pulse 90, no appetite; under the breast and armpits were large running sores, which discharged quantities of yellow matter, looking like brewers' yeast; some fifty or more small sores were continued along under the sternum down to the false ribs and along the belly. The belly itself was inflamed, and the inflammation formed a protuberance which included the whole belly and back; the swollen parts did not discharge. The swelling also continued down the fore legs to the hoofs, so that the fore legs had not been moved for four days.

The horse had been treated with physics and oils, etc., in the regular allopathic manner; had been bled, and strong liniment rubbed all over the inflamed and affected parts. Strong salt water washings had also been used, the brine so strong that the pure salt was visible all over its breast, shoulders and ribs.

I ordered warm baths of strong Castile soap suds four times a day, and a solution of *carbolic acid*  $\frac{1}{3}$  to one quart water, to be injected into all the sores after each bath; also, a few drops of *aconite* 3, on the tongue every two hours for six hours; then, *asafetida* 3, every three hours for one day.

On the 27th June the horse commenced feed-

ing, all the sores discharged freely; discovered slight, but tight and hacking cough, with symptoms of sore throat. Gave *apis* 3, every two hours, the same external application continued.

28th June. Bloody discharge from right nostril after coughing, with a rattling in the throat and nostrils, and deep breathing; stoppage of external discharge. Gave *fluoric acid* 3, from ten to twelve pellets every two hours. Discontinued external application of *carbolic acid*, but continued the warm soap and water baths.

June 29th and 30th. Slight improvement.

July 1st. No more discharge from the nose, and the rattling in the nose has ceased; little cough. There being no reduction of the swelling under the belly I was compelled to scarify the affected parts, so that there was not two square inches of whole skin left. Ordered vigorous warm washing during the day, and gave *amm. causticum* tincture 100 drops in four ozs. water, every two hours, a few drops on the tongue. As food, ordered green carrots and green grass, also a bran mash.

July 2d and 3d. Improving; the skin bursting and sloughing off in such a manner that I was compelled to skin the affected parts entirely, by passing my knife along the juncture of the ribs and false ribs back to half way over the belly, around the sternum and half way down to the knees. The skin came off without any signs or loss of blood, the horse standing still all the time, without moving its fore legs, and making no resistance except a slight movement of the hind legs.

I found the raw parts lined with a whitish, spongy substance, discharging an offensive watery fluid, of a light coffee color. Commenced external application of *carbolic acid*, in solution, as before.

The animal not having had a passage for several days, in spite of all the physics, oils, etc., which had been given him before I took charge of him, I ordered an injection of warm Castile soap suds, which relieved him of some hard balls of manure, covered over with tough slime; after which the horse had no more trouble, and improved rapidly.

July 4th and 5th. Gradual improvement: the swelling going down, belly drying up, but still discharging well in front. Ordered *olive oil* on the drying parts of the belly, knees and fore legs. Sores to be treated with *carbolic acid* solu-

tion, as before, and warm washings as before. Continued *amm. caust.*

July 6. Swelling gone out of the fore legs, so that the owner could take the shoes off the hoof.

July 7th and 8th. Improving; treatment the same. To-day the horse is able to back out of the stable and in again, though not able to step forward, owing to the large sores under the arm-pits. Had him well washed over the whole body while standing in the sun, then dried carefully. Treatment as before.

July 10th. Horse able to exercise half an hour. Everything healing well except under the arm-pits, where there are some large cracks, two inches deep, discharging a thick yellow matter. Ordered a solution of *carbolic acid* to be injected into these every two hours, and to be kept close covered with raw cotton, rest of the body to be oiled as before. *Amm. caust.* continued.

July 13th. Improving, but not so fast as I desired, so gave *carbolic acid* 3, every four hours, internally.

July 15th. Find that the sores under the arms have improved materially under the treatment of *carb. acid*, internally, with the cotton covering of the sores, so ordered this to be continued.

July 18th. Horse is well; and by my recommendation has been sent out to green grass for a month.

## Clinic.

PHILADELPHIA, September 1st, 1877.

At the recent meeting of the American Institute of Homœopathy, held at Lake Chautauque, I was appointed Chairman of the Bureau of Gynecology for the ensuing year.

Puerperal thermometry was selected by the Bureau as the subject for its consideration at the next meeting of the Institute. It was decided to observe closely, all the thermic conditions of lying-in-women, beginning a few days prior to their expected accouchement and continuing to observe until their complete recovery.

The observations should be accurately taken, in bad cases twice daily, and the temperature, pulse, respiration and remedy given, noted upon the accompanying tables. \* With this end in view I have prepared two sets of tables. The smaller are to be used at the bedside; the larger are for use in our offices, and are to be filled up from the smaller, either daily, as the case progresses, or at its termination.

HOW TO USE THESE OFFICE TABLES.

Be provided with three kinds of ink—red, blue and

black. A separate pen must be used for each kind of ink. Mark with the pen a red dot in its proper place to show the degree of temperature. A blue dot must be placed to show the frequency of the pulse, and a black dot to show the number of respirations per minute. This being done, connect with a continuous red line all the red dots, so the blue dots with a blue line and the black dots with a black line. Mark the remedy below in its proper place.

Now if these directions be faithfully carried out, the real progress of our cases will appear before us at a glance, and it will be seen that the temperature, the pulse and the respiration will approach the normal standard more rapidly, and with fewer variations, as the proper remedy is allowed to act. A brief and lucid description of each case should be written on the back of its table, and such remarks made as will serve to render the record thoroughly comprehensive and intelligible. Cases accurately reported in this manner will be of great value in making up statistics for future use, and will do far more for "Thermometry" and the "Healing Art" than if thermometry were observed alone without reference to the influence of treatment.

In this way, too, we can prove conclusively which method of practice is the most successful for suffering humanity; a very loose kind of homœopathy, or one conducted strictly according to the principles laid down in *Hahnemann's Organon*. We need thousands of these reports and comparisons till there shall be no doubt in the mind of any one, as to which is the better form of practice. I therefore beg you to engage in this good work at once, and tabulate, as above directed, every case of midwifery that falls to your care. A good-work on medical thermometry and human temperature, such as that of Seguin's, will be of great assistance to every physician. The age of progress in which we live absolutely demands of us an intimate knowledge and a perfect mastery of the whole subject, including even the relation of human thermometry to the homœopathic *materia medica*.

Each table should be carefully and legibly signed, and sent to me at the completion of each case. This will enable me to arrange for a systematic report, the large number I hope to receive. Full credit will be given to each observer for his labors at the meeting of the Institute. If the tables are sent to me continuously, as above requested, I can receive them until June 1st,—comparing and preparing a comprehensive report of the whole work. If they are kept back and forwarded all at once I must certainly receive them by April 1st, in conformity with the rules of the Institute. But two months of observation would then be lost.

THERMOMETER—The greatest care must be observed in procuring a thoroughly reliable instrument,—one that has a guarantee certifying to its accuracy.

A FEW SPECIAL POINTS FOR OBSERVATION.

Will the thermic condition of the lying-in-woman immediately after the birth of the child foretell uterine hemorrhage?

What is the thermic state of one suffering from uterine hemorrhage?

Thermic condition during mastitis or abscess of the mamme?

Thermic condition during persistent after-pains?

Thermic condition during puerperal metritis or peritonitis, etc., etc.?

Thermic condition during what is called milk fever?

Thermic condition of puerperal septicaemia?

Thermic condition during phlegmasia alba dolens?

And any other phenomena that may be worthy of note. Of course, observations in regard to the pulse, respiration, and the remedies used, must also be duly noted.

Fraternally yours,

1423 Chestnut st.

H. N. GUERNSEY, M.D.

The above communication I address not only to my gynaecological bureau, but to every *homœopathic medical practitioner*. I earnestly invite such members of the profession as are willing to co-operate with me in this important and useful work. To all who desire to assist I will forward the tables, *free of charge*, on application.

### THE LAW OF CURE.

BY S. SWAN, M.D.

In reading your editorial "Keep Cool," in the August number of THE HOM. TIMES, I was attracted to this remark: "Remember, once for all, that the so-called homœopathic school, whatever may be the views of individual members, simply claim that *the law of similia is a great, but not an exclusive law of therapeutics*, and should receive, in teaching and practice, the attention, and only the attention, which its merit demands." (The italics are mine.) I have often seen similar statements, and they always suggest the possibility, that there is another *law of therapeutics*, which the writers knew of, but for some wise purpose are keeping to themselves.

I am not aware of more than two so-called *laws of therapeutics*, and they are formulated thus: "SIMILIA SIMILIBUS CURANTUR;" "CONTRARIA CONTRARIUS CURANTUR." If one of these is *THE law*, the other *cannot* be, as they are diametrically opposite, as day is to night; and one being proved to be true, the other must necessarily be false. Then, I ask, what is that other law hinted at? These laws are those of therapeutics, which is that department which has reference to the treatment of disease by medicines, and comprises an explanation of the *modus operandi* of medicines. *Hygea*, which has to do with the prevention of disease; *dietetics*, an important part of hygiene, however valuable,

are not classed under the head of therapeutics, which, as was remarked, has reference to medicines, and their application to the cure of the sick.

A *law* is something that is immutable, unchangeable, universal in its action, and applicable to all conditions, and under all circumstances; it cannot be stretched, and it cannot be shrunk—you cannot say it is true here and not true there. You cannot alter a *law*, or make it swerve a particle; 3 and 2 make 5—that is the law; it is not sometimes 4 or sometimes 6, but always 5.

It is the *law*, that the earth turns on its axis, and the sun is stationary; the reverse is *never* true, that the earth is stationary, and the sun moves round it. If *similia similibus* is true, *contraria contrariis* can never be true, it is *always absolutely false*. It may appear to be true, an apparent cure may be effected, so the earth *appears* to stand still, and the sun to rise and set; but it is not true, it is a fallacy. If, then, *similia similibus* is not an exclusive law, as your article says, what is the *other law*? It cannot be *contraria contrariis*—the antipodes cannot be the same, both cannot cure—what is the *other law*? Is it animal magnetism, or artificial electricity? But these are not therapeutics, and we know but little of the law of their action.

It is this uncertainty as to the *law*, this want of absolute faith in the truth of the law of similia, as taught us by Hahnemann, that is the prolific cause of so many failures in practice. When a physician gives a drug that he *knows* covers the totality of the symptoms, mental as well as physical, objective and subjective, and has that unswerving faith in the law, he will wait, wait for the action till it comes; he knows it *will come*, because the law is immutable; and when the action comes, he waits still longer, as long as the action continues. A believer in the law gave one dose of *ipecac* in a case of quotidian intermittent fever; the next day it was worse, the following day the attack was more intense, the third attack was awful; but the patient never had another, and is well to-day. What would a physician have done in such a case, who thought it *possible* that there might be some other law of therapeutics beside similia? Could he have stood calmly and seen this patient grow worse every day and never raise a hand to



prevent it. *One dose* and "wait and hope." But this man believed in the law as he did in his own life, and he thought how, when the Lord cast out devils, *i. e.* diseases, they would rend the man and tear him, cast him down and leave him for dead, and believed that it might be so in this case; he waited, and great was his reward, for the law was proved to be immutable. When there is absolute faith in the *truth, i. e.* the law of similia, difficulties that appear as mountains are removed, cases that are considered past hope are cured, and there is no desire, as there is no necessity, for any other law than *SIMILIA SIMILIBUS CURANTUR*. But if these gentlemen know of any other law, in the name of humanity, we demand it.

### A CASE OF MYOCARDITIS, WITH AUTOPSY.

(Reported by Chas. C. Boyle, M.D., member of the House Staff, Hom. Hospital, W.I.)

P. C., æt. 44, admitted to hospital Feb. 2d, 1877. Complained of a dull pain, heaviness, and a squeezing sensation around the heart; dyspnoea on the slightest exertion; vertigo, caused by motion, and by slight pressure on the neck, over the carotids; sleepless at night; distressed feeling in stomach after eating; pulse, 40. Physical examination showed cardiac hypertrophy and mitral regurgitation.

During the time he was in the hospital his pulse varied; the highest being forty-four, and the lowest twenty-six beats per minute. He was on the following remedies: *dig. 30, tabac. 30, nux v. 200*, and *lach. c. m. m.* (Swan's). During the administration of the latter remedy the greater part of these distressing symptoms disappeared; so much so that he intended to leave the hospital in a few days, and resume work.

On the morning of April 28th he was feeling in very good spirits, and after returning from a walk, and being in the act of hanging up his coat, he suddenly fell to the floor, his face became cyanosed, and he died in a few moments without a struggle.

#### AUTOPSY.

Pericardium contained two ounces of fluid, firm adhesions of the posterior surface of the pericardium to the left ventricle. On the outer surface of the left ventricle was a hard tumor, about the size of a hen's egg. On section, found it to consist principally of a firm fibrous tissue.

In the centre of this tumor was an almond-shaped cavity, communicating with the left ventricle; within the cavity was a *post mortem* clot. There were also within this tumor several circumscribed spots of caseous degeneration. Eccentric hypertrophy of left ventricle, with mitral insufficiency. Dilatation of left auricle, also of right auricle and ventricle. Lungs congested and œdematous. Liver, spleen and kidneys were congested. Within the medullary substance of the left kidney was a cavity the size of a hickory nut, containing a bloody ichorous fluid.

### TRAUMATIC HYDROCEPHALUS.

BY E. A. FARRINGTON, M. D.

(Prof. Mat. Med., Hahnemann Med. College, Phila.)

IN August, 1876, I was called upon to attend an infant, aged, I believe, six weeks. It was emaciated, and suffered from indigestion, with colic and diarrhoea. As its mother could not nurse it, the usual trouble followed, to find a suitable food. A peculiarity of the case, not noticed by the former physician, an allopathist, was the disproportionate size of the head. The face seemed all but dwarfish, while an immense calvarium gave to the child the unmistakable appearance of hydrocephalus.

The eyes were pushed downwards and protruded, the sutures were open from the glabella to the posterior fontanelle and laterally from ear to ear. A sack of water bulged over either ear. The child's mouth was kept partly open and the tongue was constantly lolled out in a half idiotic manner.

At first I diagnosed congenital hydrocephalus; but a future more careful investigation led me to infer a traumatic origin. The labor had been an exceedingly tedious one, terminated, after much force, with instruments. For a few days no abnormality was noticed; and even after my statement of the condition of things, the former attendant stoutly disputed me.

The emaciation, morning diarrhoea, colic and (supposed) congenital hydrocephalus, led to the choice of *sulph. 2c.* But the improvement was slight and transient, until a diet of diluted goat's milk regulated digestion.

The head now measured 22½ in., the scalp was tense and transparent when examined with a strong light. The child was apparently unable to see.

I suggested an operation, and called in Dr. Macfarlan, who drew off by means of the aspirator, quite a quantity of clear serum, containing only a trace of albumen.

The child now presented a hideous appearance. Its tiny face was pale, its body limp, while the scalp dipped deep into the openings between the skull bones.

Agreeing that the disease was traumatic, we prescribed *arnica* 2c, repeated doses.

As is usual after paracentesis, fluid rapidly re-collected; but the child no longer suffered from the direct effects of compression, and seemed to gain some in flesh. It could now distinguish objects. At the end of six weeks a second operation became necessary.

*Arnica* having failed, I selected *calcareo-ostrea* 200, guided by the following: *hydrocephalus*, emaciation, *sweat of the scalp*, imperfectly growing bones, *feet clammy*. This remedy was given thrice daily for weeks. Two months later a third tapping gave us about a gill and a half of serum, richer in albumen than previously. But now the scalp did not sink as markedly. Shoots of cartilaginous bone could be felt, pushing out from the several bones, in some places all but bridging over the interosseal gaps. The legs that four months before were all skin and bone, assumed some shape and roundness. By an effort the child could raise its eyes. In a few days the scalp was again tense; but the child's general health had so improved, I did not think another operation advisable.

At present, June, 1877, the bones have so far united that there only remain the two fontanelles, the posterior almost closed, the anterior measuring two inches in one diameter, and two and a half in the longest. The circumference of the calvarium at present is 21 inches. Sight seems normal, the eye-balls have regained their natural position, and there is no evidence of any mental impairment.

#### SALICYLIC ACID.

DR. J. HUGHES BENNETT reviews in the London *Medical Record*, the work of M. See on salicylic acid, and comes to the following conclusion, from the evidence brought forward in this and other works:

I. An external antiseptic, it has no advantage over others except its freedom from smell. As

an internal disinfectant, it has no apparent effect.

II. As an antipyretic, its properties are doubtful.

III. In acute articular rheumatism its effects are sure and rapid, and a cure in the disease may be confidently expected in from two to four days.

IV. It greatly relieves chronic rheumatism, diminishes the pain and swelling in the joints, and favors the movement of the limbs, even after years of suffering.

V. In acute and chronic gout its action is the most remarkable, causing the former to disappear in two or three days, moderating and even curing all the symptoms of the latter.

It is employed with benefit in neuralgias of all kinds, and acts as a sedative in painful affections of the spinal cord.

#### REMOVAL OF A TAPE WORM.

(Reported by Chas. C. Boyle, M.D., member of the House Staff, Hom. Hospital, W.I.)

J. K., æt. 28, U. S. sailor, admitted to hospital Jan. 28th, 1877. Has had tape worm since 1864; supposed to have come from eating pork while in the navy. Has passed joints of it at various times, but never succeeded in obtaining the head.

Gave the patient a decoction, made by steeping three drachms of the *flowers of Kouso* in a pint of water. In half an hour after its administration it was followed with three ounces of *castor oil*. Two hours later the patient passed the remaining portion of the worm, which measured fifteen feet in length, the head being attached.

Had an opportunity of observing the patient for two months after, and during that time he had not passed any more joints.

#### CLARK'S METHOD OF SOFTENING WATER.—

By adding freshly-burnt quick-lime to hard water (which contains lime) it will become soft. "The added lime seizes the carbonic acid gas which held the carbonate of lime in solution, and so both the original carbonate of lime and that formed in the process, fall together as a white sediment." This method is truly homœopathic.

THE symptoms of hydrophobia were relieved in two-and-a-half hours by the inhalation of oxygen, and the patient, æt. 7, recovered.

**The Homœopathic Times.**

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

EDITORS:

ROBERT GURNEY, M. D.

ALFRED E. HILLS, M. D.

J. B. GILBERT, M. D.

Published on the First of each Month.

Office, 18 West Twenty-Third Street, New York.

NEW YORK, OCTOBER, 1877.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

**THE TRAINING NECESSARY FOR A PHYSICIAN.**

How to increase the efficiency of the medical profession, a profession which if rightly trained would exert a power for good second to no other, has long been a problem freely discussed, but without the practical results which its great importance demand. Perhaps one great reason is that we have commenced with the *medical school*, losing sight, to a great extent, of that previous training which is so important to the proper discipline and development of the mind. The student who enters a medical school with a mind untrained by long and careful discipline may cram his head with facts; he may pass a brilliant examination so far as books and theories are concerned; he may in fact be a walking encyclopedia, but without the ability to use correctly the facts with which his mind is stored. To do this requires a trained and athletic mind—a mind which has learned by a course of careful discipline to think, to reason, to compare, to discriminate and to analyze, which has been refined and sharpened by a careful development of its powers. Without this previous intellectual development one may, aided by strong practical common sense and a natural taste for his profession, attain a certain amount of success, but with it, aided by the same natural qualifications of

mind and body, success will not only be sure, but the future brilliant and full of honor. One reason why so many failures are seen in our own profession, as well as in all the so-called learned professions, is because men get into them who lack entirely the peculiar mental qualifications so essential to success.

The trouble does not exist so much in the medical college as in a deficiency of preparation before commencing the medical studies.

Mere didactic lectures are a very small part of a thorough medical education. Clinical instruction which takes the student into the very presence of disease, and impresses upon his mind by sight and sound and touch the malady which his skill is to combat, is of more importance than those dry details of facts and theory to which he listens in the lecture room. The one he can obtain in text-books, but the other he can only see in all its strong outlines and delicate shadings when the living picture is before him, and cause and effect pointed out by the skillful teacher. In our great cities clinical instruction by the help of our great hospitals and dispensaries is so interwoven with didactic teaching that almost every disease is illustrated, as it should be, by the disease itself.

The medical colleges are trying, and with tolerable success, to keep pace with the progress of the age. When we talk of elevating the standard of medical education, we should go back of the medical colleges to that preparatory mental training which every man should have before commencing his medical course. Not only this, but in the office of the preceptor, the student should be taught in those little details of the profession so important to success. Let him become familiar with the face of disease, and watch the careful questioning, the drawing out of facts, the conclusions drawn, and the remedies applied. The instruction thus impressed upon his mind will be of the utmost importance in the outset of his profession. The office of every busy practitioner is full



of instruction. One man whose mind has been well trained, will find in it a mine of wealth; while the dullard will fail to appreciate his advantages, and grumble because he does not recite daily tasks from the text books. To elevate the standard of medical education, and make it in reality as it is in name, a learned profession, admit to its ranks none but thoroughly trained minds. Then, and only then, will the physician's office, the lecture room and the hospital, each furnishing its quota of instruction, give the world not blind guides, tossed upon every wave, and blown about by every wind, but strong and skillful pilots, ever standing at the helm with firm hand and cool brain.

#### THE UTICA CONVENTION.

THE semi-annual meeting of the State Society in point of numbers, considerably exceeded that of last year, nearly sixty physicians being present. The papers presented, although fewer in number, were more than compensated for by the enthusiastic discussion which followed the reading of many of them.

On the whole, the most genial good feeling prevailed, and everybody seemed disposed to prevent any jar that would disturb our harmony and unity.

The cordial reception by the Oneida County Society was a pleasant feature, and those present were made to feel perfectly at home in its atmosphere.

Every thing went serenely until the evening of the first day, when the subject of "Transcendentalism in Medicine" was touched by the introduction of communications from county societies, and the whole matter was launched upon the session, bidding fair to create an animated discussion.

After considerable talk as to the best course to pursue, the subject was effectually disposed of for the present, by a motion to lay the whole matter upon the table. All attempts at its re-

moval from its quiet resting place were unavailing, and thus ended a subject which had cost somebody time and labor worthy a better cause.

The prevailing sentiments of the Society seemed to be in accord with the resolutions passed by the N. Y. Co. Society, and had any resolutions been adopted, they would have been similar in sentiment to these; but any "declaration of principles" seemed to the large majority present superfluous and unnecessary, as all seemed satisfied to rest on our maxim, "*S. S. C.*," and most of those present were disposed to leave the question of dose to individual discretion.

The reception at the residence of Dr. Watson on the evening of the 9th, was a magnificent affair. Mine host, his accomplished wife and charming daughter, welcomed and cared for their guests in a most cordial and graceful manner. There were present, in addition to the members of the Society, Senator Roscoe Conkling, and many others of note, residents of this beautiful little city, who had been invited to add to the interest and *eclat* of the occasion.

After spending considerable time in introductions and social conversation, the guests were ushered to the banquet hall, where a most bountiful table awaited their coming.

We need not say that the banquet was thoroughly enjoyed, for who does not know that doctors always appreciate such an occasion, and do it ample justice! As usual with a satisfied "inner man," the social element increased as the feast proceeded; and before it was ended, the most genial spirit pervaded the whole atmosphere, so that delicate points of professional etiquette, ethics and principles, were discussed with becoming frankness, liberality and charity, and thus the interests of harmony in our profession was promoted.

The disposition to table all the propositions of one of our members was unworthy our dignity as a convention. Because we differ with each other on certain points, is no reason why we

should not give a respectful hearing, consideration and decision upon the issues presented in accordance with their *merits*, and we sincerely hope that this disposition will not be perpetuated upon either side, for its tendency is not in the direction of that harmony which ought to make us in a reasonably short time, the dominant school of medicine.

On the whole, this meeting was a most interesting and harmonious gathering, and has added much to our influence as a school, by showing that we have the charity to deal with most delicate points of difference in opinion and action, without descending to the depths of vile personalities and abuse of one another.

#### "KEEP COOL."

OUR professional brother on the other side of the Atlantic has taken but a portion of the prescription sent him through the August TIMES. As will be noticed in another page of the present issue, he certainly has "let us hear from him," with an allopathic ferocity peculiar to a certain style of convert, who to-day vehemently swear *by* what they yesterday viciously swore *at*, but the Doctor utterly ignores the homœopathic and most important ingredient in our prescription, which was to "keep cool." He does nothing of the sort. Not he! He lectures the homœopathic profession, and especially THE TIMES, in a style which savors more of ill-tempered zeal than of the courtesy which should exist among gentlemen.

We publish Dr. Skinner's communication for just what it is worth; but as of the number who followed the teachings of Hahnemann, when it was considered more reputable and scientific to kill according to the "code of ethics," than to effect cures in conformity with the precepts of the "new school," we may be pardoned if we dare to doubt either the discretion or the infallibility of our new born brother's teachings; and so repeating our former prescription, we still advise him to "keep cool," and to "let us hear from him again," when the acute mania under which he now seems laboring, shall have subsided, and his shining harness shall have some-

what lost its look of newness by the hard work attendant upon professional service, and the peltings he will be sure to receive from his quondam friends.

#### THE PUBLIC HEALTH.

THE present season in this vicinity has been particularly marked by the prevalence of affections of malarial origin. This fact may be accounted for by the excessive drought prevailing in the localities which have developed the miasm responsible for such cases. It has been observed that in malarial regions of country, where there has been abundance of rain—as has been the case this year, some localities being particularly favored in this respect—malarial affections were unusually rare.

Our patients come back to us from places in which malarial influences are said to be quite unknown, with symptoms unmistakably due to this influence, so that there seems to be now scarcely a spot in which the cause of the disease may not be generated.

The great tendency of these cases has been toward the congestive type, and in most, gastric symptoms have assumed much prominence. On the whole we may say that the symptoms of the cases have been rather mixed, and the selection of the remedy correspondingly difficult. *Chinine* in any dose has not been either the curative or palliative remedy.

In the cases in which nausea has been the prominent symptom, *ipœcac*, in any dose, has done no good whatever. *Sabadilla*, however, has been of service in such as had the disgust for all food; no thirst; desire for hot drinks; short breath, dry cough, and recurrence of the quotidian type after 3 P.M. *Colchicum* has also been of service in similar cases where the sensitiveness was to the odor of cooking food.

The cases have been exceedingly intractable, and inclined to take on the typhoid condition.

In a general way we may say that our cases have yielded reasonably promptly to the *strictly* homœopathic remedy, although this selection at times, has been a most difficult procedure.

Our experience in the treatment of such cases still further confirms the conviction, that careful *individualization* must be the rule for our guidance, if we would practice in accordance with the law of similars.

## Correspondence.

### "KEEP COOL!"

To the Editors of THE HOM. TIMES.

Gentlemen: I am not sure whether your ideas of "freedom of thought, liberty of action, and the mutual respect always found among men of science" admit of my replying to your leader for August, 1877. It may be that I am not a man of science, but it will puzzle you and yours to prove that I am not.

You seem to place great emphasis upon the shortness of time I have been a homœopath, as if this had anything to do with my right of private judgment, and of delivering my opinion when asked by the editor of a daily paper, "What say our homœopaths?"

Does any one doubt for one moment that it is "not all gold that glitters?" Does any one doubt that it is one thing to profess Christianity, and another to be a Christian? that it is one thing to desire to be considered a homœopath, and an entirely different thing to be one in all its fullness, as Hahnemann was? Does any one doubt, that at the present crisis, there are as many homœopathies as there are sects in the Christian and Mahomedan religions? each one vying with the other that it and no other holds the truth, the whole truth, and nothing but the truth! And why should they not? Have I not as great a right to "freedom of thought and liberty of action" as the editors of the HOMŒOPATHIC TIMES? May I not express my opinion, and in as strong language as I think proper, because of giving offence to another sect? May I not state that I prefer to die rather than be patronized or received again into the allopathic body? and which is my true feeling in the matter. This can give offence to none but those whose proclivities are toward a union with the dominant school.

It strikes me that your editorships would have acted more wisely had you read the entire correspondence, and quoted directly from the *Liverpool Daily Post*, rather than second-hand from a garbled and mightily-condensed notice of the faction-fight. A good stand-up fight it was, and it will do a vast deal of good to all concerned.

As regards "Dr. Skinner's long and profound experience as a homœopathist," a word or two.

One must be very hard up for an argument when he imagines that truth and age or experience are synonymous. Truth is truth by whomsoever it is spoken or written. If, in four years' experience of the homœopathy which I practice I have been enabled to do away with all the methods of allopathy and eclecticism—including all local applications of a medicinal nature—and counter-irritation;—if I have placed it beyond doubt and clinically proved it, that the past treatment of the diseases of women, by means of cauterants, incising the cervix, and the use of pessaries, etc., is not only worse than useless, but destructive and hurtful, and that they can be cured infinitely better, quicker and safer without—is it any valid objection that I have been able to accomplish this mighty revolution—this great desideratum—in four years, and without a soul to assist me but Dr. Berridge, of London, two hundred miles off, and Hahnemann's *Organon*, *Chronic Diseases*, and his *Materia Medica Pura* always by my side. Let all men go and do likewise, and we shall hear no more of mongrelism, of eclecticism, or of homœopaths being desirous of being button-holed or of hob-nobbing with men who, for all they are worth, cannot do without burning, cutting and plastering up the fairest part of God's creation. Away with that paltry, sentimental twaddle about "doing the best for our patients," which, freely interpreted, means *pockets*. Do better than I have proved to be possible in four years if you can (self-instructed); I shall then be inclined to listen to your teaching.

You forget that, for twenty years, I was as much, if not more, of a homœopathist than one of your number. During all these years, like my old master, Sir James Simpson, I always used a single remedy at one time. I never alternated in my life, and I always prescribed short of physiological action, except when I intentionally gave a purge. So far as I am able to judge, my allopathy was a much purer homœopathy than a good deal that I have come across since I became a homœopathician.

You complain of having been "driven" from the ranks of allopathicians, and of having been "compelled" to "perfect an organization among ourselves." This is not true. We left of our own accord, necessitated by our adopting an exclusive medical faith and practice,—mark the word, "EXCLUSIVE." If you are not exclusive, then you are eclectic; and if eclectic, certainly you are no Hahnemannian!

With every respect, I am, gentlemen, yours truly,

THOS. SKINNER, M.D.,  
Dunedin House, Liverpool.

August 30th, 1877.



*Editors HOMŒOPATHIC TIMES.*

I have just received a printed sheet, purporting to be a "Statement of the essential points of the Homœopathic Doctrine," and a "Declaration of Homœopathic Principles." I am directed to return it, signed, to A. Lippe, M. D. The intimation as to the authorship of the document was scarcely needed; any one familiar with Dr. Lippe's writings will have no difficulty in recognizing his handiwork in this "Confession of Faith." It would have been well for the success of the scheme if the document had been submitted to some person familiar with the English language before it was brought to the notice of the profession. It is not only very ungrammatical and inelegant, but is also extremely obscure; and as it will doubtless be published and proclaimed to the ends of the earth (if it is extensively signed), the members of a *learned profession* have a right to object to its very faulty construction.

Aside from this, Dr. Lippe's statement of the "essential points of homœopathic doctrine" seems open to several graver objections, a few of which I will endeavor to point out.

The first "essential point" is, "the cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid conditions similar to those of the sick." This is doubtless intended as a statement of the law of *similia*; but I confess that I very much prefer Hahnemann's brief statement of it, found in the preface to his "Mat. Med."—"Diseases can only be cured by remedies which produce analogous symptoms upon the healthy organism. And however much we may respect this as a great, general rule of practice, I, for one, am not perfectly convinced that it is all-sufficing and infallible."

A case of convulsions in a child four years old, who had eaten nearly a half a pound of raisins, may serve to illustrate my meaning. I am quite sure that an emetic of mustard and water *cured* those convulsions more "easily, mildly and permanently," than any remedy selected according to the law of *similia* would have done, though the potency had been the 20<sup>th</sup> M. (Sean), and the prescriber Dr. Lippe himself.

The second "point" is, "the changed and altered conditions of tissues and organs are

*consequences and results of a dynamic disturbance, and not the cause of the disease."*

Possibly Dr. Lippe makes a subtle distinction between *changing* a thing and *altering* it, and can distinguish between a *consequence* and a *result*; but I confess that the point is too fine for me. I was not aware that anybody supposed that *changes and alterations* of tissues and organs were the *causes* of the diseases in which they occur. Are the changes in the skin supposed to be the *cause* of scabies? Did anybody ever suppose that the eruption and the altered condition of the blood in typhus, scarlet and other zymotic fevers, were the *causes* of the diseases? And, is the itch-insect a "dynamic disturbance?" Are bacteria and other poisonous animal and vegetable germs "dynamic disturbances?" Is the *tape-worm* a "dynamic disturbance?"

Thirdly, we are told that "the totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy." This prescribing for the *totality* of the *symptoms* is, I fear, much easier to talk about and write about than to put in practice with exactitude. It seems to me the term needs explanation and concise definition before we can *all* agree that it is the *sole* guide in the selection of a remedy. Do the results of *chemical* and *microscopic* investigation come under the head of *symptoms*? Is it allowable to include the results obtained by auscultation and percussion,—examinations with the ophthalmoscope, laryngoscope, speculum, or sound,—in the *totality* of the *symptoms*? Is the rule to be applied to cases of poisoning? Until these questions are authoritatively decided, I cannot sign "article third" with a clear conscience.

The fourth "essential point" is, that "the only and proper way to ascertain the sick-making properties of medicines is to prove them on the healthy." It may be the *proper* way, but certainly is not the *only* way. If you give a large dose of *tartar emetic* to a man with rheumatic fever, or to a dog with a sore head, you will be very apt to develop *some* of the "sick-making properties" of that drug. Our earlier pathogeneses contain numerous symptoms derived from observations made in treating sick persons with the drug. Does the word "healthy" imply healthy *animals* as well as human beings? It certainly should, as there is no

doubt that our knowledge of the "sick-making" powers of various drugs has been materially increased by poisoning animals, and then subjecting their various organs and tissues to careful chemical and microscopic examination; and that much of the information thus obtained could have been acquired in no other manner.

The fifth item in the list reads:—"In order to secure the best possible results, medicines must be administered singly, and in a dose just sufficient to cure." With the last clause of this statement there can certainly be no quarrel. There is probably no physician in existence who intentionally gives more medicine at a dose than he *thinks* will be needed "to cure." The question will always be, "how much" is "just sufficient?" At present there seems to be more danger of not giving enough than the reverse. The first part of the statement may be true in theory. "The best possible practical result" is the ideal, to approximate which all our efforts are directed. It may be that the single remedy will *always* produce the best possible results; but we all know by experience that *very excellent* results often follow the *alternation* of remedies, or the administration of particular combinations of two or more remedies.

The sixth and last clause of this Homœopathic Gospel-according-to-Lippe, reads thus:—

"And local treatment of all kinds in non-surgical cases, is not only unnecessary, but is apt to change the location of the disease, and induce dangerous complications, and never permanently cure." There are several statements embraced in this *beautiful sentence*. The first, that local treatment is *unnecessary* in "non-surgical" cases, *may* be true. It *may* be *unnecessary* to cure your patient at all! It *may* be *unnecessary* to employ *any* treatment. But no candid man will deny that there are *some* cases coming under the physician's care in which local treatment is indispensable, and *many* cases in which it materially assists in the cure. Would the mildest homœopathician who ever dealt out skimmed milk in the millionth dilution, be apt to acquire much wealth as an oculist without *sometimes* employing local applications to the eye? Cannot the skin absorb medicine? Would Dr. Lippe exclude all external applications in *small-pox* or *erysipelas*? I have seen a case of diphtheria, in which the swelling was so excessive as to prevent deglutition, yield promptly to *belladonna*, applied by inunction, externally, in the form of ointment; and I was as fully satisfied of having made a truly homœopathic prescription as I should have been if the patient had taken *lac caninum* 20 M. But, again, "local applications are apt to change the location of the disease!" And for this purpose they are very useful, as I think. If you change the location of disease from a *vital* organ, as the lungs, to one of less importance, as the skin, is

there nothing gained? A patient with neuralgia of the testicles will be very willing to have the location of the disease changed by local applications or any other means. Local applications, carelessly or improperly applied, are undoubtedly capable of "inducing dangerous complications;" but are not similar results liable to follow the ignorant or heedless employment of internal medication? That "diseases are never permanently cured" by local medication, is totally unsusceptible of proof. I am perfectly confident that thousands of cases of disease of different grades of severity are *cured*, by physicians and by old women, all over the world, by local treatment.

The reasons here adduced are sufficient to induce me to refuse to join Dr. Lippe's Medical "Church," or to subscribe to his "Articles of Faith." I think they will have the same effect upon any one who will examine the subject carefully and without prejudice. Aside from any objections to the document, grounded upon its manner or matter, the simple fact remains that it is totally uncalled for and unnecessary; and if it had originated with any one less distinguished and less entitled to respect than Dr. Lippe, I should have no hesitation in characterizing it as insufferably impertinent.

Your statement of your views of the essential points of the homœopathic school of practice in the August number of THE TIMES meets my heartiest approbation. I don't believe we need anything better.—Yours fraternally,

R. C. SABIN, M. D.

## Bibliographical.

CLINICAL THERAPEUTICS. By Temple S. Hoyne, A.M., M.D., Professor of *Materia Medica* in Hahnemann Medical College, etc. Chicago: U. S. Medical Investigator.

Part III. of vol. I. is out, and contains *Conium*, *Ignatia*, *Lycopodium*, *Natrum mur.*, *Pulsatilla*, *Verat. Alb.* and part of *Arsenicum*.

We cannot add to our previous very favorable estimate of this work, and will only say that the present number is equal to either of the former. Let us hope for its early completion, and that it will reach the hands of every practitioner.

HOW TO USE THE OPHTHALMOSCOPE, being Elementary Instructions in Ophthalmoscopy; arranged for the use of students, with thirty-five illustrations. By Edgar A. Browne, Surgeon to the Liverpool Eye and Ear Infirmary, etc. Philadelphia: Henry C. Lea, 1877. pp. 120.

This little brochure illustrates in a simple

manner the use of the ophthalmoscope, and will be a most useful aid to the student in this department.

All who are familiar with the subject know the difficulties attending the successful use of this instrument, and we are confident that much of the trouble may be overcome by the careful study of this work. The rules to be observed in examinations of the eye are concisely given, besides much else that will be of great service to the uninitiated. All students of ophthalmology should certainly possess the book.

## Reports of Societies.

### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Proceedings of the Twenty-sixth Semi-Annual Meeting, held at Utica, October 9th and 10th, 1877.

#### FIRST DAY, TUESDAY—MORNING SESSION.

In absence of the president, the first Vice-President, Wm. Gulick, M.D., called the meeting to order.

There were present, Drs. E. D. Jones, H. M. Paine, T. L. Brown, O. Groom, R. Ellison, I. C. Owen, E. Hasbrouck, G. B. Palmer, G. L. Gifford, A. E. Wallace, Charles Sumner, P. G. Clark, A. M. Piersons, A. J. Bigelow, A. P. Throop, Alfred K. Hills, M. O. Terry, Wm. H. Watson, E. A. Munger, M. M. Gardner, L. B. Wells, J. C. Raymond, A. B. Southwick, C. Judson Hill, William Landt, C. E. Chase, W. Warren, W. C. Doane, H. V. Miller, W. A. Hawley, A. J. Brewster, E. B. Squier, Frank Bigelow, L. L. Brainard, S. H. Talcott, N. Getman, E. S. Coburn, A. P. Hollett, Wm. Gulick, E. W. Rogers, W. E. Deuel, J. T. Wallace, S. Bailey, R. B. Sullivan, Chas. Baker, R. M. Clark, D. S. Kimball, T. D. Cook, Jennie Ensign, Mary A. Garrison, L. A. Tourtellot, W. Clarke, E. Hutchinson, and C. A. Osborn.

In absence of the chairman of the Bureau of Mat. Med., the order of business was changed, and the Bureau of Medical Education reported as follows:—

1. Medical Degrees: What do they signify, and how should they be conferred? By H. L. Waldo, M.D., W. Troy. (Read by Dr. E. Hasbrouck).

2. Medical Education. By A. P. Hollett, M.D., Havana.

Upon motion, the papers of this Bureau were referred to Drs. Hollett, Waldo and Talcott, to report resolutions for consideration at our next meeting.

Dr. Hills, chairman of the Bureau of Medical Institutions and Societies, reported favorably upon their progress during the past six months, and that many of them were in a very flourishing condition. He also said that the committee

appointed to visit institutions were actively engaged in their efforts to make a complete report at the next meeting of the society.

The Bureau of Clinical Medicine reported, through W. C. Doane, M.D., chairman, the following:—

1. Aborting Puerperal Fever—A case showing the value of injections of carbolic acid and warm water. By M. O. Terry, M.D.

2. Clinical Cases. By W. C. Doane, M.D.

Dr. A. M. Piersons related his successful treatment of *eczema capitis* with very high potencies of *graph.*, *mezerium*, etc., in the "Sheltering Arms," N.Y. city.

Dr. Groom asked Dr. Piersons if he had ever treated similar cases with low potencies, and the comparative results?

Dr. Piersons said he had, and could unhesitatingly say that the higher potencies work best; even the very highest succeed when the low utterly fails. He was led to this experience by using *psorinum* 100<sup>m</sup> when the low failed.

Dr. Hills spoke of the value of *sepi*a in the treatment of herpes zoster and in tinea capitis, and instanced cases in illustration. He also spoke of a case of *ecthyma* cured with *sulphur*. In all these cases the prescriptions were based upon the "totality of the symptoms," and not upon the objective alone.

Dr. Wm. A. Hawley cured cases of eczema, similar to some spoken of by Dr. Piersons, with *rhus*. 200, and deprecated the topical use of oils, soaps, etc., as injudicious.

Dr. Groom had used honey-water, locally applied, with relief in such cases.

Dr. Munger spoke of a very distressing case, in which the tedious cough was followed after some days by the expectoration of a "head of timothy," and complete recovery.

Dr. Hawley said that Dr. Pratt did not seem to rely upon homœopathic remedies in the treatment of *eclampsia*; he was of the opinion that carefully selected drugs would help us much in this affection as well as in others.

Dr. E. D. Jones spoke of the tendency of diseases to get well of themselves to such an extent as sometimes to make one skeptical as to whether our treatment has had anything to do with it. He also spoke of a case in which an abscess pointing near the right nipple discharged a rye-head.

Dr. Munger had observed a case in which a piece of cartilage, nearly three inches in length, had been expectorated, and complete recovery resulted.

Dr. Hawley asked Dr. Jones if physical exploration would not have led to the diagnosis of phthisis in his case?

Dr. Jones answered, that it would not have.

Dr. T. L. Brown said, he found it difficult to decide whether any remedy had to do with the cure in Dr. Pratt's case—not even the *aconite belladonna* or *chloroform*, which he used.



Dr. Piersons thought *chloroform* was used in eclampsia a hundred times, where it should be once.

Adjourned till 2 P. M.

#### AFTERNOON SESSION, 2 P. M.

Upon motion of Dr. L. B. Wells, all medical men present not members of the society, were invited to participate in the discussion.

Dr. Hollett said the treatment of eclampsia is of so much importance that it should not be overlooked, in the consideration of this society; and in his experience, *acon.*, *bell.*, *gels.* and other remedies had proven successful in its treatment. He hoped, however, to hear more from other members of the society upon this subject.

Dr. Coburn referred to a case in which *chloroform* produced a very happy effect in parturition.

Dr. Piersons said that the proportion of cases in which he used *chloroform* was one in about two hundred; but thought that an occasional case positively required its use.

Dr. Hollett enquired if we had not remedies to relieve this convulsive condition, and accomplish natural labor. In a case of tonic spasm under his observation, *gels.* relieved at once.

Dr. Sumner reported a case of eclampsia, in which the convulsions occurred every fifteen minutes, in which *acon.* and *bell.* was of no service, and after *chloroform* no convulsions followed. In this case the *os* was dilated to the size of a half dollar, and *bell.* was given every half hour. After delivery had a convulsion, which recurred whenever the patient was from under the anæsthetic. There were no conscious moments between the convulsions, showing a true case of eclampsia; and there was no albumen in the urine.

Dr. Munger said, that whatever remedies were used we must, eventually, come to forceps in such cases.

Dr. Piersons said, that the remedies in this affection were as various as the patients. He also referred to a case brought on by undue excitement, in admitting friends to the lying-in-room.

Dr. Groom said, he understood from the paper that in a severe case of eclampsia, we are to abandon the use of remedial agents and substitute anæsthetics, as a necessity.

Dr. Miller said, *hyos.* was of service when during the convulsion the patient turns blue all over; and an indication for the use of *stram.* is when the patient is afraid of any one coming into the room.

Dr. Hollett remarked that as parturition was a physiological proceeding, he did not see why the totality of the symptoms should not be the sole indication for the choice of a remedy.

Dr. Sumner enquired, if one should wait to cure albuminuria.

Dr. Piersons preferred to have his patient in a condition to answer questions between the con-

vulsive attacks, for then he was more likely to select the appropriate remedy than when *chloroform* is used.

Dr. Hollett said he was in favor of the use of forceps, but was anxious to know more about the use of remedies.

Dr. Sumner had seen fifteen or sixteen cases of eclampsia with only one fatal, and he had generally resorted to *chloroform*.

Dr. T. L. Brown had seen eight cases of eclampsia in twenty-three years practice, and all were saved by the use of five different remedies. In one case which had been given up to die, *bell.* cured.

Dr. Hollett asked, shall we resort to other measures, or shall we as homœopaths attempt to cure? He had seen four cases, and all recovered; the main remedy being *bell.*

Bureau closed.

Upon motion of Dr. Watson: Drs. Watson, Hollett and E. D. Jones, were appointed a committee to draft appropriate resolutions in respect to deceased members, and they reported the following:

**WHEREAS**, By the inscrutable decree of an all-wise Providence, several esteemed members of this society have been removed from among us;

**Resolved**, That in the death of Carroll Danham, M.D., the homœopathic profession of this country and the world has suffered an irreparable loss;

**Resolved**, That the medical profession has lost one of its brightest ornaments and most illustrious members.

**Resolved**, That in the death of Lyman Clary, M.D., of Syracuse, we deplore the loss of a most prominent and valuable member, who has filled with honor to himself and credit to the profession, the office of President of the American Institute of Homœopathy, and of this society. Affable in manner, and courteous towards his professional brethren, he was ever desirous of promoting harmony in our ranks.

**Resolved**, That it is with deep regret that we learn of the death of Wm. J. Bryan, M.D., late of Corning, N.Y., a permanent and active member of this society; and we, the members of the Homœopathic Medical Society of the State of New York, desire to record our appreciation of his rare professional ability, as exhibited in a successful life, and his earnest usefulness in advancing the interests of our profession.

**Resolved**, That in the death of Henry Sayles, M.D., a former vice-president of this society, we have lost one of the pioneers of homœopathy in the County of Chemung, who, early becoming a convert from the old school, ever firmly yet courteously advocated the cause of homœopathy both in public and in private life.

**Resolved**, That having heard of the death of G. W. Swasey, M.D., of Springfield, Mass., an honorary member of this society, we mourn the loss of a very prominent and distinguished member of the profession; who has been president of the Homœopathic Med. Society of Massachusetts, and the presiding officer of the American Institute of Homœopathy, and filled a most elevated rank among us, and was ever ready to courteously combat, even whether within or without our ranks.

**Resolved**, That this society tenders to the bereaved families of the deceased, its tenderest sympathy and most heartfelt condolence.

**Resolved**, That a copy of these resolutions be transmitted to the families of the deceased, and entered upon the minutes of this society.

Resolved, That the following gentlemen be appointed to prepare biographical sketches of the deceased:—  
E. M. Kellogg, M.D., of Carroll Dunham; L. B. Wells, M.D., of Lyman Clary; A. P. Hollett, M.D., of Wm. J. Bryan; O. Groom, M.D., of Henry Sayles.

WM. H. WATSON, }  
A. P. HOLLETT, } Committee.  
E. D. JONES, }

#### REMARKS OF WM. H. WATSON, M.D.

Mr. President:—I find myself at a loss for words wherewith to fitly portray the character of CARROLL DUNHAM. He was indeed the model of a genial, cultivated and beloved physician. Graduated from the literary department of Columbia College with distinction in 1847, he received the degree of Doctor of Medicine from the same college in 1850, and soon entered upon the practice of his profession. Of his success in his chosen calling it is needless for me to speak in this presence, for it is known to you all.

I would speak of him therefore rather as a man, and as a member of this society.

Perhaps his most sterling characteristic was his conscientious fidelity to his convictions. He dared to follow truth where'er she lead.

In 1864, he writes, "The object of our professional life is to find out the truth, and shape our practice accordingly. Consistency to this object is true consistency, while consistency to any form of opinion or doctrine which may at one time have been supposed to be the truth and proclaimed by us as such, consistency to such opinion merely because we may have once publicly uttered it, this is the basest and most ignoble bigotry and cowardice."

#### HE WAS A LIBERAL MAN.

On the 8th of June, 1870, in an address on "Liberty of Opinion and Action; a Vital Necessity and a Great Responsibility," before the American Institute of Homœopathy, then in session at Chicago, he gave utterance to the following liberal sentiments: "I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the Institute every applicant of suitable education and moral standing;" and most happily enforced the principle by quoting the words of the wise Chomel, when it was proposed to deprive the distinguished Tessler of his position as hospital physician on account of his conversion to homœopathy, as follows: "Every physician who is thoroughly qualified to practice has the right to select his own mode of treatment, and to judge what is best for his patients, and may not be interfered with unless his results are notoriously bad, or he commit some act of unquestionable malpractice. For," said he, "it is only by the exercise of his freedom that changes and improvements have ever been introduced in practice; and herein lies the only hope of further improvements. Tessler, in practicing homœopathy, has only exercised the same freedom of selection which Bouilland, and Rayer, and Louis and I have enjoyed; and as his results are as good as ours, we may not interfere with them." Bigotry and intolerance found no abode within his breast.

#### HE WAS A HIGHLY CULTIVATED MAN.

Few of us, whatever may have been the advantages of culture which we enjoyed in early life, find leisure, amid the constant turmoil of the most constantly engrossing of the professions, to devote to the study of languages or of literature. Not so with Dunham. He conversed fluently in the French, German and Italian, and I know from personal acquaintance, that he was capable of writing Latin, of which the most finished scholar need not have been ashamed; and that his studies in other directions were no less exact and constant. Said Prof. Lindberg, of Copenhagen, the author of the *History of Scandinavia*, to me in 1866, "Do you know Carroll Dunham?" I replied that I did. "Then,"

said he, "you know one of the most highly cultivated men whom I have ever met, and the most agreeable and delightful of companions."

#### DR. DUNHAM WAS ALWAYS A PACIFICATOR.

Amid the various dissensions which have arisen in this, as they do in all societies, he ever sought to pour oil upon the troubled waters.

My brethren, we can never again behold his benevolent face, and his genial smile, and listen to the quiet and gentle yet manly tones of his voice; but his spirit, his example, and his character, may yet linger among us.

#### HE WAS THE BELOVED PHYSICIAN.

None of those who came in contact with him in the relation of physician and patient, failed to bear testimony to the gentleness, care, and conscientious thoroughness with which he investigated his cases, and to the skill with which he ministered to their sufferings. No splendid monument, Mr. President; no gilded tomb may mark his resting place, but what costly mausoleum may vie in eloquence with the simple and unadorned tale of his life. Though that life was disconnected with any of the events which confer fame and glory upon men, which the historian loves to record, and the poet delights to celebrate; though he had gained not the conqueror's wreath, or the rewards of civic renown, and may never have been the object of public admiration and applause, yet it is not void of attraction to those who reverence virtue, and in the unseen triumphs of human life behold some of its severest struggles and proudest achievements. His were victories, which, unsung by mortal bard, will live forever in the strains of harps immortal. The grateful voice of sufferings relieved, the silent tears of assuaged sorrow, hope planted in the heart of despair, these to him were achievements that outshone all the jewels that ever flashed from a monarch's diadem. To these ends did he devote his powers and consecrate his life.

Dr. T. L. Brown followed with a most feeling tribute to the memory of our deceased members.

Dr. Groom announced the death of Dr. H. Sayles, of Elmira, in fitting tribute.

Treasurer Coburn reported balance on hand \$199.73; and as due from members, \$923.

Due Weed, Parsons & Co., \$211.70, on account of Vol. I. Trans.

Report of the Bureau of Materia Medica, H. V. Miller, M. D., chairman:—

1. Comparison of *China* and *Ferrum*. By Dr. H. V. Miller.

2. Cerebro-Spinal Remedies. By Wallace McGeorge, M.D. (Read by the chairman of the Bureau.)

3. Report of a case, with specimen thrown off, in croupous-bronchitis. (Very rare case). By Dr. H. V. Miller.

4. The Ethics of Mongrelism. By Dr. T. L. Brown.

#### INTRODUCTORY REMARKS. BY DR. T. L. BROWN.

To gain the truth as it appears to each member of this society, is the best object of our two meetings in one year.

To do this correctly, we must remove all shackles and barriers of every nature from within or without.

I know no better way than to throw the door of free expression open wide, and speak my mind, hoping others will do the same.

The subject I have chosen is one long neglected, but in my opinion, quite necessary at this stage of the progress of medicine; that some one give his views freely and fairly, on the subject of "The Ethics of Mongrelism." (Then followed the paper.)

Upon motion, the thanks of the society were tendered Dr. McGeorge for his able paper.  
Bureau closed.

Report of the Bureau of Surgery, M. O. Terry, M.D., chairman.

1. Excision of the Hip. By Geo. Allen, M.D.
2. The History of a Case of Sub-Luxation of Semilunar Cartilage. By M. O. Terry, M.D.
3. Fracture of the Tibia in a lady æt. 91. By M. O. Terry, M.D.
4. "An Index to the Titles of Surgical Papers." By M. O. Terry, M.D.
5. Clinical Cases. By E. B. Squier, M.D.

After the reading of these papers the bureau was closed.

#### EVENING SESSION—7 P. M.

The Secretary, Dr. Hills, stated that he had received various resolutions from county societies in relation to medical ethics, which he moved be referred to a committee to report at the next meeting. After considerable discussion the matter was laid upon the table.

Dr. Paine proposed a "declaration of principles," which, after considerable discussion, was also laid upon the table.

Report of the Bureau of Obstetrics:

1. "A Criticism." By R. McMurray, M.D. (Read by Dr. Hills.)
2. Eclampsia, as observed in the Gravid, Parturient and Puerperal States, with report of a case. By Wm. M. Pratt, M.D.

Discussion upon Dr. McMurray's paper:

Dr. T. L. Brown said he thought it dangerous to take the ground that the bandage never should be used. In some cases *post-partum* hemorrhage could be controlled by its timely use, and it can be and should be taken off before the woman gets out of bed; too long continued use producing weakening. The cases for the use of the bandage should be individualized like all others.

Dr. Paine believed in the general use of the bandage.

Dr. Miller thought in many cases the influence of the bandage was pernicious, and he also thought it was allowed to remain too long applied, so that the circulation became obstructed, especially if applied too tightly. He had no doubt, however, that in some cases it was very necessary.

Dr. Piersons generally used the bandage, but thought it was allowed to remain on for too long a time. It should be removed before the lady gets out of bed. Many recent authors disapprove of its use altogether. He agreed with the author of the paper, that the advice of Dr. H. N. Guernsey was dangerous in being too positive and general in character.

Dr. Groom said his practice was, to apply the bandage after the parturient woman had rested for a while, and he never had a case of flooding.

Dr. Doane always uses the bandage and applies it himself, considering that an important point,

as very few nurses understand how. Before leaving the patient we ought to be very sure that the uterus has contracted. In his experience the patients are the best judges as to the time the bandage should be worn.

Dr. Miller says that the pressure very much interferes with the muscular tonicity by disturbing the circulation, and he does not approve the use of the bandage in normal parturition.

Dr. Sumner stated that during his first fifteen years of practice, he bandaged all lying-in-women, but for the last fifteen years he had bandaged about one in ten. He had seen hemorrhage occur even when the bandage was carefully applied.

Dr. Hollett individualized the use of the bandage as he would the remedies, and agreed with Dr. Brown's view. He deprecated the preparatory treatment of pregnant women excepting in accordance with the "totality of the symptoms."

Dr. Piersons thought the bandaging should not be left to the nurse, but receive the most careful attention of the attending accoucheur.

Dr. Galick thought the bandage should generally be used and the pressure made according to necessity, especially around the stomach, which would sometimes relieve the sensation of faintness in such cases.

Dr. Bailey could conceive of cases in which the bandage might be necessary, but as a general rule he thought they were better off without it.

Dr. Piersons remarked that he thought it safer to the reputation of the young practitioner to use the bandage, and thought it could be applied in a manner to be entirely harmless by commencing low down.

The hour having arrived for the reception at the residence of Dr. Watson, the society adjourned at 9 P. M.

#### WEDNESDAY MORNING SESSION.

Dr. Chas. Sumner in the chair.

Report of the Bureau on Diseases of Women: Dysmenorrhœa. By Dr. Anna C. Howland. (Read by Sec. Hills.)

#### DISCUSSION.

Dr. Doane had frequently relieved cases of dysmenorrhœa by the use of *bell.* and *caul.*, as suggested in the paper, and sometimes he had used the *sea-tangled tent*.

Dr. Piersons asked if he had thus treated young girls, and the unmarried.

Dr. Doane replied that he used this means whenever necessary without regard to social relations, or conditions, according to scientific necessities.

Dr. Piersons said he thought it not right to manipulate the virgin.

Dr. Doane said that whatever was right and the best, should be done. He also said that marriage frequently cured dysmenorrhœa.

Dr. Brown said that the secretions are often



the cause of dysmenorrhœa, and must be removed. He considered diet, exercise, etc., as most important adjuncts in the treatment of such cases. Mothers ought to be educated how to live properly themselves, and save much of this trouble to their offspring. Coffee, tea, and other stimulants, spices, condiments, etc., are often responsible for these troubles. What kind of children can be expected of mothers living under circumstances that you know many do. He also said that we should keep constantly in view the danger of metastasis when using local treatment.

Dr. Paine said he was sorry the young ladies could not be here to receive Dr. Brown's sound advice; but we must look at these matters as they exist; the trouble is often due to congestive and catarrhal conditions, and can be relieved by instrumental treatment, which should be commenced at once, and we should not be squeamish about it. Here is a great field of usefulness for female physicians.

Dr. Brown said that he hoped to give the history of cases under hygienic care and the indicated remedies, upon a future occasion. Metastasis should not be risked. These cases can be cured by single remedies carefully selected, together with proper diet.

Dr. Doane said the highest intellects have failed to discover the cause of disease, and we must treat it as we find it and relieve suffering if possible. The higher the individual intellect, the less we find causes satisfactorily accounted for. It is the lowest order of being who attempts its explanation.

Dr. Brown said, he owned that the first and last causes were doubtful, but for the intermediate we have something to do. When we lose our minds, then we depend upon that higher power which so many talk about.

Bureau closed.

Report of the Bureau of Mental and Nervous Diseases:—

Epilepsia-Larvata.—A study. By S. Lillenthal, M.D. (Read by the chairman of the Bureau, S. H. Talcott, M.D.)

Dr. Talcott made the following report, in regard to the Insane Asylum, as follows:—

"The State Homœopathic Asylum for the Insane is in a flourishing condition. There are now 120 patients under treatment. There is room for about 250. Last year, according to the report, over 40 per cent. were cured. This year, thus far, about 44 per cent. of those discharged, are recovered.

"Strict homœopathic treatment is faithfully administered, the single remedy being given in every case, and in such potency as necessity seems to demand.

"The institution is now upon a sound financial basis, the receipts, for four months past, exceeding expenditures by several hundred dollars. This is a most cheering and encouraging feature. There is no reason why this asylum should not grow into an enduring success. Its provisions for caring for the insane are unsurpassed. There seems to be, however, a certain apathy or lack of interest among the profession with regard to this institution. In some quarters there has been distrust, on account of past complications and "un-

pleasantnesses." We think there is now no occasion for anything of this sort. All that the asylum needs is a cordial, unqualified support by the homœopathic profession throughout this State. This support should be manifested not merely in words, but in patients. Whenever a homœopathic physician has an opportunity to send a patient for treatment to Middletown, he should feel it a sacred duty to do so. If doubt and distrust could but yield to confidence and support, there would be no brighter future for any institution than for this."

Dr. Paine said that it had been stated that patients had been sent by homœopathic physicians to other institutions, on account of little troubles between ourselves; but he did not credit the rumor, but thought physicians were careless in respect to it, and forgot our own asylum.

Dr. Paine's motion for a committee to confer with the Governor, in respect to appointments for vacancies in the Board of Trustees of the Asylum, was laid upon the table.

Dr. Terry's resolution providing for the appointment of a committee to consider the propriety of stating the potency used in the treatment of disease in our printed transactions, was also laid upon the table.

The following remarks were made while Dr. Terry's resolution was before the meeting:

Dr. L. B. Wells thought the subject should be left to individual decision.

Dr. Doane said, let us harmonize these interests and devote ourselves to principles of which we have enough, upon which all can agree. Let us come together upon the broad principle of manhood.

Dr. Brown said it was but fair that we should publish straightforward honest cases presented here. The author is responsible for his reports and not the society. Why should we attempt to rule out or suppress the honest opinions of any one. Let us hear and then judge of the value—each one for himself.

Dr. Miller said, this movement in the direction of changing our reports and papers I do not agree to. When tinctures are used it is all right; but when a potency is used, then objection to its publication is made.

Dr. Doane said he had not the arrogance to say to the Publishing Committee—you must not change my article. The matter is in their hands.

Dr. Raymond had not heard of any attempt to change papers, but if there is such an attempt made, it will work injury to the society. As long as the principle of similia is there, that is all we require, no matter what the potency or dose providing it is not sufficient to aggravate the disease.

The following resolutions were unanimously adopted:

That we tender to Dr. William H. Watson a vote of thanks for the very elegant reception given by him last evening to the members of the society; also,

Resolved, That a vote of thanks be tendered to the Oneida County Homœopathic Medical Society for their reception.

*Resolved*, That a vote of thanks be tendered to Messrs. Tucker & Fitch, of the Homœopathic Pharmacy of Syracuse, for the exhibition of Tieman's instruments at this meeting of the society.

Dr. Hollett offered the following resolution, which was unanimously adopted :

*Resolved*, That in hearing of the death of George F. Hurd, M. D., of Rochester, who recently became a permanent member of this society, we, the members of the "Homœopathic Medical Society, of the State of New York," wish to express our appreciation of him, as a young man of real worth and ability, whose loss, we, as a society, deplore and offer to his family and friends our condolence and sympathy in their bereavement.

*Resolved*, That C. W. Baker, M. D., be appointed to prepare a biographical sketch of Dr. Hurd for publication in the *Transactions*.

Upon motion of the secretary, Dr. Hills, the following resolution was unanimously adopted :

*Resolved*, That the Committee on Legislation be requested to prepare form of a bill to create a State Board of Health, one providing for homœopathic representation at least equal to one-third the membership of the Board, and that the committee be requested to endeavor, by every proper means to secure its passage by the next legislature.

*Resolved*, That the county homœopathic medical societies and other organizations, be requested to exert their influence to as great an extent, as may be practicable, in support of this measure.

Report of the Bureau of Ophthalmology : Cataract Operations. By E. B. Squier, M. D. (Presented by secretary, Dr. Hills.)

Bureau closed.

Report of the Bureau of Climatology. Presented by the secretary, Dr. Hills.

1. Miasmatic Diseases. By the chairman of the Bureau, A. R. Wright, M.D.

2. Malaria, and its Influences upon Public Health. By R. S. Bishop, M.D.

Bureau closed.

Dr. T. L. Brown, chairman of the Bureau, showed an instrument for vaccinating.

The following telegram was received :

"MASSACHUSETTS HOM. MEDICAL SOCIETY,  
"TO THE HOM. MEDICAL SOCIETY OF THE STATE  
"OF NEW YORK, GREETINGS:

"*In Hoc S. S. C. Vincimus.*"

The following reply was sent :

"The New York Society cordially accepts greetings of its sister of the "Old Bay State," and sincerely joins in the sentiment that in S. S. C. we must conquer."

Adjourned.

ALFRED K. HILLS, M.D., *Rec. Sec.*

#### ALBANY CO. HOM. MED. SOCIETY.

RE-INSTATEMENT OF THE MAXIM "S. S. C."

WHEREAS, at a monthly meeting of the Albany Co. Hom. Med. Society, held in the Surrogate's Room, on August 14th, 1877, at which were present Drs. H. M. Paine and W. H. Van Derzee, of Albany; Dr. G. P. H. Taylor, of Stillwater, and Dr. Bradley, of Adamsville, Dr. H. M. Paine offered the following amendments to the Constitution, which, as stated in the recorded minutes of said meeting, were unanimously adopted; and

WHEREAS, Article tenth of the Constitution of this Society distinctly states that "this Constitution may be amended at any regular meeting," and does not provide for any alteration in said document at any other times than those specified in the first law of the code of By-laws of this society, to wit: "There shall be a regular meeting of the society on the second Tuesday of January, April, July and October;" and

WHEREAS, the meeting held on the 14th of August, 1877, was consequently not a regular meeting, but must be regarded as a special meeting, and article seventh of the Constitution stipulates that in calling extra meetings "it shall be the duty of the secretary to state in his notice to members the object of the meeting," which, in the instance already cited, the secretary failed to do. Therefore,

*Resolved*, That in view of the above facts, this society declare the amendments made on the evening of the 14th of August last, unconstitutional, and direct the secretary to expunge the same from the Constitution.

*Resolved*, That the society take this occasion to express their rigid adherence to the clause embodied in article fifth of the Constitution, requiring of its members a belief in the homœopathic maxim, *Similia Similibus Curantur*.

### Medical Items and News.

TRANSACTIONS OF THE 30TH SESSION OF THE AMERICAN INST. OF HOMŒOPATHY. NOW READY.—The Transactions of the 30th Session of the American Inst. of Homœopathy, held at Lake Chautauque, are now ready for delivery to such members as stand clear on the treasurer's books. Members who have not paid will therefore forward their dues to Dr. Kellogg, treasurer, who will then notify the secretary to send the volume by mail. It is a handsome work of nearly 700 pp., and contains a number of very valuable papers. The Transactions of the World's Hom. Convention of 1876, are making rapid progress, and will soon be ready for delivery.—Robt. J. McClatchey, General Secretary, 918 N. 10th Street, Philadelphia.

BROOKLYN HOM. HOSPITAL DISPENSARY, 109 Cumberland Street.—Report for the month ending September 30th, 1877. Number of prescriptions, 2,259; new patients, 1,085; confinements, 2. J. A. Lewis, M.D., in charge.

THE Woven Wire Mattress, made by the Hartford Co., is the most comfortable, durable and economical bed in use, and easily kept clean. For hospital or private use it has not its equal. Send for catalogue.

DR. J. C. RAYMOND, Utica, N. Y., desires a successor, and offers excellent inducements.

J. LESTER KEEP, M.D., has removed to 460 Clinton avenue, Brooklyn.